

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155561		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/31/2011	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HOME & REHABILITATIVE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 231 N JACKSON ST OAKLAND CITY, IN47660			
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F0000	<p>This visit was for a Recertification and State Licensure survey. This survey visit included the investigation of Complaint number IN00098540.</p> <p>Complaint Number: IN00098540 substantiated, Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey date: October 19, 20, 21, 24, 25, & 31, 2011</p> <p>Facility number: 000327 Provider number: 155561 AIM number: 100273920</p> <p>Survey team: Amy Wininger, RN TC Diane Hancock, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 8 Medicaid: 45 Other: 27 Total: 80</p> <p>Sample: 17</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0282 SS=D	<p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 11/3/11 Cathy Emswiller RN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with dysphagia was monitored after receiving thin liquids according to the plan of care (Resident #29) and a resident with a Stage IV wound, wound vac, and weakness was transferred by two staff according to the plan of care (Resident #28) in that Resident #29 was given thin water and not observed for signs and symptoms of swallowing difficulty, for 1 of 1 resident sampled for dysphagia, and Resident #28 was care planned to be transferred by two staff and was transferred by one staff person on two occasions, for 1 of 6 residents sampled for transfers in a facility sample of 17.</p> <p>Findings include:</p> <p>1. The clinical record of Resident #29 was</p>			F0282	<p>F 282 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident # 28 reassessed for transfer needs and Certified Nursing Assisstant's sheet adjusted to indicate her need regarding transfers. Resident # 29 is now being monitored to assure safety in swallowing. Nursing staff in serviced by DNS /or designee 11-15-2011 on importance of reviewing and following Plan of Care for each individual resident. All assignment sheets reviewed and updated to reflect current status and needs. How other resident's having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All resident's had the potential to be affected. All</p>		11/15/2011

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	<p>reviewed on 10/24/11 at 4:40 P.M. The record indicated diagnoses included, but were not limited to, Dysphagia [swallowing difficulty] and weakness.</p> <p>Resident #29 was identified, on 10/19/11 10:50 A.M., during the initial tour by LPN#1 as interviewable and "having swallowing problems". Resident #29 was observed, at that time, to be sitting in a wheelchair in her room.</p> <p>During a resident interview on 10/24/11 at 4:00 P.M., Resident #29 was observed, to be lying flat on her right side in her bed. At that time, CNA [Certified Nursing Assistant] #1 was observed to enter the room of Resident #29 and administer water from the residents' bedside supply, exit the room and shut the door. At that time, Resident #29 was observed to cough repeatedly. CNA #1 was observed to not monitor Resident #29 for signs/symptoms of difficulty swallowing.</p> <p>The September 2011 Physician's Recaps included, but was not limited to, orders for "Regular puree, NAS [No Added Salt]." The recaps lacked any documentation related to liquid consistency.</p> <p>A Care Plan dated 01/06/11 for "requires mechanically altered diet related to DX</p>			<p>Nursing staff in serviced by DNS/or designee on 11-15-2011 with a pre and post test administered to ensure competency, regarding importance of reviewing and following plan of care on each individual resident. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. Assignment sheets will be reviewed 5 times a week to monitor for accuracy and will be updated as necessary. DNS or designee will perform random rounds 5 times weekly for one month three times weekly for 5 months to monitor for plan of care compliance. Continuous Quality Indicator form will be utilized to assess compliance. If threshold of 90% is not met an action plan will be developed. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e, What quality assurance program will be put into place. DNS will bring completed CQI tool to QA meeting for review by IDT team headed by Executive Director. If threshold of 90% is not met an action plan will be developed. Date of Completion 11-15-2011</p>			

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	<p>[diagnosis] of dysphagia..." included, but was not limited to, interventions of "...observe for signs/symptoms of difficulty ...swallowing with current diet consistency..."</p> <p>The most current MDS [Minimum Data Set Assessment], dated 09/14/11, indicated Resident #29 required limited assist of one person for eating.</p> <p>The undated CNA assignment sheets Station #1 Sec [Section] A, provided by LPN #1 on 10/19/11 at 10:15 A.M., indicated, Resident #29 was "Aspiration Risk **SEE SWALLOW GUIDELINES IN ADL [Activities of Daily Living] BOOK**."</p> <p>The Feeding and Swallowing Instructions dated 03/29/11 indicated Resident #29 required a Dysphagia pureed diet with thin liquids. The Instructions further indicated Resident #29 required close supervision.</p> <p>In an interview with LPN #2, on 10/24/11 at 4:30 P.M., upon query about swallowing interventions for Resident #29 she indicated, "we should elevate the head of her bed and encourage her to swallow frequently while tucking her chin."</p> <p>2. The clinical record of Resident #28</p>						

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	<p>was reviewed on 10/20/11 at 10:00 A.M. The record indicated the diagnoses included, but was not limited to, Stage IV [4] ulcer r/t burn r/o Osteomyelitis [bone infection], Diabetes Mellitus, and Degenerative Joint Disease.</p> <p>Resident #28 was identified by LPN #1, during initial tour on 10/19/11 at 10:45 A.M., as interviewable and requiring a wound vac for burn wound acquired prior to facility admission.</p> <p>Resident #28 was observed on 10/20/11 at 8:45 A.M. to be sitting in a chair in her room with the call system activated. At that time CNA #3 was observed to enter the room by herself and shut the door. Upon opening the door at 8:49 A.M. Resident #28 was observed to be sitting on the bedside commode with CNA #3 standing by her side. In an interview on 10/20/11 at 2:15 P.M., Resident #28 indicated, "They always transfer me with one person."</p> <p>On 10/20/11 at 2:30 P.M. Resident #28 was observed to be sitting in a wheelchair beside her bed with the call system activated. On 10/20/11 at 2:35 P.M. CNA #2 was observed to enter the room by himself and shut the door. On 10/20/11 at 2:40 P.M. Resident #28 was observed to be lying in bed. At that time Resident #28</p>						

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	<p>indicated, "[CNA #3] always puts me to bed by himself."</p> <p>In an interview on 10/22/11 at 9:00 A.M. with RN #1 she indicated, "I can't do her position change by myself, that would be an unsafe transfer."</p> <p>The most current MDS [Minimum Data Assessment Set], dated 09/08/11, indicated Resident #28 had no cognitive impairment and required extensive assistance of two people for transfers.</p> <p>The undated CNA assignment sheets Station #1 Sec [Section] A, provided by LPN #1 on 10/19/11 at 10:15 A.M., indicated, Resident #28 required the assistance of two people for transfers.</p> <p>During an interview with the HFA [Health Facilities Administrator] on 10/20/11 at 2:55 P.M., she indicated, "If care planned to transfer with two assist, the CNA's should be using two to transfer."</p> <p>3.1-35(g)(2)</p>						

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F0315 SS=G	<p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Based on record review and interview, the facility failed to ensure complications from a urinary catheter were noted and acted upon, for 1 of 2 sampled residents reviewed with a urinary catheter, in the total sample of 17, in that the resident was sent to the hospital with the catheter lodged in the urethra and urinary retention. (Resident #82)</p> <p>Findings include:</p> <p>During the initial tour on 10/19/11 at 10:35 a.m., the Assistant Director of Nursing indicated Resident #82 had been hospitalized recently with pneumonia. She indicated the resident had a urinary catheter due to retention.</p> <p>Resident #82 clinical record was reviewed on 10/21/11 at 2:30 p.m. The resident's diagnoses included, but were not limited to, heart failure, atrial fibrillation, benign prostatic hypertrophy, and dementia.</p>		F0315	<p>F 315 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident was hospitalized and the urinary catheter was repositioned correctly. How other resident's having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents with catheters had potential to be affected. All residents with catheter's were assessed for proper positioning of catheter. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. Resident's with catheters will be monitored for intake and output. If resident shows a change of condition ie...abdomen distention, pain, complaints of burning an assessment will be completed with MD notification. Direct Care staff will be in serviced by DNS/or designee on 11-15-2011</p>		11/15/2011	

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	<p>Nurses' notes indicated, on 10/3/11, Resident #82's urinary catheter had been replaced. Urinary outputs for the night shifts 10/4/11 through 10/9/11, ranged from 350 cubic centimeters [ccs] to 550 ccs. Intakes on night shifts for the same dates ranged from 120 ccs to 240 ccs. On 10/10/11 night shift, the resident refused any intake and had only 125 ccs output.</p> <p>Nurses' notes, dated 10/10/11 at 8:00 a.m., indicated Resident #82 had a right sided bulge in the lower abdomen that was tender. The note indicated the physician had been notified at that time. It was not until 3:00 p.m., that nurses' notes indicated an order was obtained to send the resident to the hospital.</p> <p>The hospital history and physical, dated 10/11/11, indicated the resident was admitted for lower abdominal pain and distention. The history and physical indicated the urinary catheter had been dislodged upon admission, was repositioned and the resident had 1700 cubic centimeters [cc's] of urine out at that time, and relief of the distention. A CT scan done on admission indicated the urinary catheter balloon was inflated in the urethra causing severe urinary distention and bilateral moderate nephrosis.</p>			<p>regarding measuring, reporting and recording input and output. Licensed staff will be in serviced by DNS/or designee on 11-15-2011 regarding bladder assessments and low urinary output. DNS or designee will perform rounds 5 times weekly for one month and 3 times weekly for 5 months to monitor for compliance. CQI form will be utilized. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e, What quality assurance program will be put into place. DNS or designee will bring completed CQI tool to Quality Assurance Meeting for IDT team to review. If threshold of 90% is not met an action plan will be developed. . Date of Completion 11-15-2011</p>			

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F0323 SS=G	<p>The policy and procedure for Resident Change of Condition, dated 8/98 and revised 3/10, included, but was not limited to, the following: "Acute Medical Change Any sudden or serious change in a resident's condition manifested by a marked change in physical or mental behavior will be communicated to the physician with a request for physician visit promptly and/or acute care evaluation..."</p> <p>3.1-41(a)(1)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview and record review, the facility failed to ensure 1 of 8 residents reviewed for falls, in the total sample of 17, was provided supervision and assistance devices to prevent falls, in that the resident suffered numerous falls with inconsistent use of interventions, with injuries including a laceration requiring sutures and a fractured radius. (Resident C)</p> <p>Findings include: During the initial tour, on 10/19/11 at</p>		F0323	<p>F 323 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident received sutures for laceration and splint for fx radius. Resident's care plan/ assignment sheet has been updated to reflect new interventions How other resident's having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All resident's had the potential to be affected. All residents have been</p>		11/15/2011	

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	<p>10:44 a.m., the Assistant Director of Nurses indicated Resident C had Alzheimer's Disease, had recent falls, including one resulting in a fractured left radius. She further indicated the resident had taken off her self release velcro belt on 10/18/11 in the parking lot when returning from a doctor's appointment, and fallen. She indicated they were changing the velcro seat belt to a click type seat belt due to the fall.</p> <p>Resident C was observed in a wheelchair with a seat belt in place on 10/19/11 at 1:35 p.m., 10/20/11 at 9:20 a.m., 11:20 a.m., and 12:55 p.m.</p> <p>Resident C's clinical record was reviewed on 10/20/11 at 10:30 a.m. The resident's diagnoses included, but were not limited to, Alzheimer's dementia, anxiety, depression, bi-polar disorder, and a distal radius fracture. The resident had a care plan, dated 7/18/11, for being at risk for falls related to medication, decreased mobility, incontinence of urine and bowels. "Freq. [frequently] observed easing self to floor et will crawl in hallway or lays on floor." Approaches included, but were not limited to, the following: Hi-low bed alarm in bed concave mattress (sic)</p>			<p>reassessed for fall risk and if necessary interventions put into place. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur. A root cause analysis will be performed by IDT team after each fall to determine causative factor interventions will be implemented based on the root cause analysis. Assignment sheets/Care plans will be updated to reflect new interventions. IDT team will be re-educated by the Nurse consultant on root cause analysis on 11-14-2011. A pre and post test will be provided to ensure knowledge validation. Charge Nurses will perform rounds no less than twice per shift to ensure compliance with fall interventions. DNS or designee will perform rounds 5 times a week for one month and three times a week for 5 months to monitor for residents at fall risk and compliance with interventions. CQI tool will be utilized. How the corrective action(s) will be monitored to ensure the deficient practice will not recur i.e, What quality assurance program will be put into place. DNS will bring completed CQI tools to QA meeting for IDT team to review. If a threshold of 95% is not achieved and action plan will be developed to ensure compliance.</p>			

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	<p>mat on floor beside bed 8/29/11 seat belt in w/c [wheelchair] eyeglasses are clean and in good repair Keep call light in reach Provide proper, well-maintained footwear Provide toileting assistance every 2 hours and as needed 7/18/11 re-arrange furniture - place mattress on floor beside bed - bed against wall 7/18/11 body pillow in bed 10/19/11 click seat belt while in w/c</p> <p>Nurses' notes included, but were not limited to, the following: 8/26/11 1930 [7:30 p.m.] "Skin pink/warm et dry. [No] c/o [complaints] voiced. Res. [Resident] has been getting out of w/c [wheelchair] tonight et crawling on the floor 3X [three times]. She doesn't fall. She just gets on the floor et falls (sic)." 8/26/11 2040 [8:40 p.m.] "Res. was found on floor by this nurse. Res. was sitting on floor. Res. had 2 different skin tears on [lower] (L) [left] arm. 1 was .8 cm [centimeters] the other was 2.5 cm X 4.0 cm. This nurse called [family member] et advised [family member] of fall out of bed et skin tears...Neuro [check] started @ this X [time]..." 8/26/11 2245 [10:45 p.m.] "CNA called this nurse to another res's room where this res's wheelchair was stopped at door with</p>			<p>Date of Completion 11-15-2011</p>			

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	<p>resident lying face down in front of it. [No] shortening or rotation of extremities, laceration to (R) [right] brow noted with small amount of bleeding, laceration size 3 cm long by 0.5 cm wide, [no] other injuries noted, pull alarm on resident at 2230 [10:30 p.m.] as checked by nursing, pull alarm did not sound when res. fell, VS [vital signs]: 118/68 [blood pressure] - 118 [pulse] - 18 [respirations] 98% [oxygen saturation] - 97.8 [degrees] [temperature]." The resident was sent to the hospital for sutures. 8/28/11 1505 [3:00 p.m.] "This res. was found lying in blood [with] head in bathroom floor. Res. tried to get to bathroom. Urinated on floor et fell in urine hitting her head on door frame of bathroom. Res. has a 1 cm gash in middle of forehead. Another 1 cm V shaped gash on bridge of nose. Neuro [check] started @ this X..." The family, physician, and Director of Nursing were notified. 8/28/11 1505 "Fall Circumstance Report" indicated the resident had been in bed prior to the fall. The resident statement of how the fall occurred indicated, "Res. wanted to go to bathroom. She said she slipped (there was urine on the floor where she tried to go to bathroom). She hit head on door facing going into bathroom." The interventions put in place to prevent further falls indicated, "Res. pad alarm was checked. It was turned on</p>						

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OMB NO. 0938-0391

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	<p>but didn't go off till body pillow was moved [after] fall. We place res. in w/c, put her in w/c. Then put [a high-low] bed in res. room."</p> <p>9/4/11 1330 [1:30 p.m.] "Res. was found sitting on floor in lobby. She stated that she was trying to scoot over to the couch, so she sat on floor to get there. [No] injuries noted..."</p> <p>9/4/11 1330 Fall Circumstance Report indicated, "Res. said she sat on floor to scoot herself to the couch." Interventions to prevent another fall indicated, "Changed pull alarm to a pad alarm in chair d/t [due to] res. took off her pull alarm."</p> <p>9/8/11 1300 [1:00 p.m.] "Resident [up] in w/c propelling self...alarming SRSB [self release seat belt] intact to w/c..."</p> <p>9/10/11 2210 [10:10 p.m.] "...Frequent unsafe transfers from w/c. Pad alarm/pull alarms all in place and working..."</p> <p>9/11/11 12:40 p.m. "Res. came into nursing office, promptly lowered self to floor onto her knees then crawled to middle of room et laid herself down, stating 'I'm going to rest.' Pillow et cover provided."</p> <p>9/11/11 1330 [1:30 p.m.] "Res. requesting to get up. Assisted per ii [two] staff to standing position et amb [ambulated] 3 feet to w/c. Personal alarm attached to sweater..."</p> <p>9/15/11 1710 [5:10 p.m.] "Res. up in w/c</p>						

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	<p>propelling self. Heard a loud thump noise come from hallway down toward station 2. Saw res. on floor on her (R) side in front of linen closet. Pad alarm on et functioning properly. Res. was assessed. Noticed red area to (L) side of forehead. Res. was placed on her back. ROM [range of motion] performed...Neuro [checks] initiated..."</p> <p>10/13/11 0700 [7:00 a.m.] "When getting res. up from bed this morning, swelling [and] bruising were noted to (L) [left] forearm [and] fingers of unknown origin at this time. Investigation started. Dr. notified [and] NOs [new orders] for x-ray received. Family notified. Res. c/o [complaint of] pain..."</p> <p>10/12/11 2040 [8:40 p.m.] Fall Circumstance Report "Found on floor crawling on hands [and] knees but had been in w/c with safety belt in place." First observed "crawling in hallway" "near room 303-305." "Found no abrasions or bruising when examined on floor. When first seen she was crawling on hands [and] knees towards 305 where I was taking care of resident. Belt alarm in place on chair [and] sounding."</p> <p>The x-ray done on 10/13/11 indicated a fractured distal radius.</p> <p>Resident C had a pre-physical restraint assessment form, dated 8/29/11,</p>						

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	<p>indicating the need for a self release belt. Alternatives tried were pad alarm, personal alarm, and hi/low bed. Diagnoses were Alzheimer's Dementia, Bipolar disorder with psychotic features, symptoms included weakness of lower extremities, and poor safety awareness. A physician's order was obtained at that time for a self release belt. A restraint review, completed 10/6/11, indicated the continued need for a self release seat belt. Another physician's order for a self release alarming seat belt while up in the wheelchair was obtained on 10/5/11. Documentation in the nurses' notes indicated inconsistent use of the self release seat belt, i.e. 9/4, 9/10, 9/11, and 9/15/11 notes above.</p> <p>During interview with the Administrator on 10/24/11 at 4:30 p.m., she indicated the Fall Circumstance Report had been completed after investigating the bruising that appeared on 10/13/11 at 7:00 a.m. The nurse from the evening before indicated the resident had been crawling around on the floor, but they didn't think she had fallen, but had lowered herself to the floor. According to the Administrator, the nurse was educated about considering it as a fall anytime a resident was found on the floor. During the investigation, she indicated the night shift 10/12 to 10/13/11 had been interviewed and had not noticed</p>						

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	<p>any bruising or pain.</p> <p>The policy and procedure for Fall Management, dated 7/01 and revised 3/10, was provided by the Director of Nursing on 10/31/11 at 12:00 noon. The policy and procedure included, but was not limited to, the following:</p> <p>"Charge nurses will communicate the specific care required for each resident to the assigned caregiver on each shift."</p> <p>"Any resident experiencing a fall will be assessed immediately by the charge nurse for possible injuries and provide necessary treatment."</p> <p>"A fall circumstance report will be initiated as soon as the resident has been assessed and cared for. The report must be completed in full in order to identify possible root causes of the fall and provide immediate interventions. An entry will be completed in the nurses' notes addressing the fall, any injuries, physician and family notification, and interventions initiated."</p> <p>"All falls will be discussed by the interdisciplinary team the 1st morning after the day of the fall to determine other possible interventions to prevent future falls...The care plan will be reviewed and updated, as necessary."</p> <p>This federal tag relates to complaint number IN00098540.</p>						

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